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ABSTRACT

This document consists of four application/evaluation packets for Master's and Doctoral level counseling internships. All four packets contain descriptions of the aims and goals of the internship in counseling program, internship agreement forms, and daily log forms. In addition, the Intern's Evaluation Packet for M.A. Internship in Counseling, to be completed by the Master's level intern, includes a checklist of internship requirements; internship application and approval forms; internship schedules; self- and site-evaluation forms; a summary sheet; and a verification form. The Site Supervisor's Evaluation Packet for M.A. Internship, to be completed by field site supervisors for Master's level interns, also contains a cover letter to supervisors; instructions for the site supervisor; and generic and speciality evaluation forms. The Doctoral Internship--Intern's Evaluation Packet, to be completed by the doctoral student, includes an intern's checklist; application and approval forms; a letter to site supervisors; a schedule; an intern's evaluation form; an intern's rating of the internship site form; and a summary sheet of internship activities. The Doctoral Internship--Supervisor's Evaluation Packet, to be completed by field site supervisors of doctoral level interns, includes a letter to the supervisors and midterm and final evaluation forms. (NB)

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[Internship Evaluation Packets]

[Dr. Orla J. Christensen]

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CGPS 789 - INTERNSHIP (M.A.)
INTERN'S EVALUATION PACKET
FOR M.A. INTERNSHIP IN COUNSELING

provided by
EDUCATIONAL PSYCHOLOGY AND COUNSELING
in the
SCHOOL OF EDUCATION
UNIVERSITY OF SOUTH DAKOTA

Prepared by:

DR. O.J. "CHRIS" CHRISTENSEN
COORDINATOR OF COUNSELING
INTERNSHIP PROGRAM

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AIMS AND GOALS OF THE M.A. INTERNSHIP IN COUNSELING

The aim of the internship program for master's level students is to provide an entry level experience in a setting appropriate for their chosen program option--school counseling (elementary and/or secondary), student affairs practice in higher education, and community agency counseling.

The goals for the internship program for master's level students are as follows:

- To enable the student to gain experience in a field setting commensurate with her/his career goals.
- to enable the student to gain experience with the application process by writing a resume and cover letter for the purpose of applying for the internship.
- to enable the student to gain experience by interviewing with the site supervisor and other site personnel for the internship position.
- to complete a 600 clock hour internship "which provides an opportunity for the student to perform all the activities that a regularly employed staff member in the setting would be expected to perform." (CACREP Manual, 1988)
- according to CACREP guidelines (1988), the student's internship:
 - includes a minimum of 240 hours of direct service work with clientele appropriate to the program emphasis area.
 - includes a minimum of one (1) hour a week of individual supervision.
 - includes a minimum of one and one-half (1/2) hours per week of group supervision.
 - allows the student to become familiar with a variety of professional activities other than direct service work.
 - allows the student to obtain video and/or audio tapes, for use in supervision, of the student's interactions with clientele appropriate to the program emphasis area.
 - allows the student to gain supervised experience in the use of a variety of professional resources such as appraisal instruments, computers, print and non-print media, professional literature, and research.
 - includes formal evaluation of the student's performance during the internship by a program faculty member supervisor.
 - is, if possible and appropriate, commensurate with the state (counselor) licensure and/or certification internship requirements applicable in the state in which the program is housed.

- to become aware of accountability procedures through keeping a daily log of activities and participating in self-evaluation activities as well as supervisory evaluation sessions.
- to follow administrative policies, rules, standards, schedules, and practices of the site and to conduct professional activities within the code of ethics of the American Counseling Association (ACA).

M.A. COUNSELING INTERNSHIP REQUIREMENTS INTERN'S CHECKLIST

600 clock hours are required to complete an M.A. level internship in counseling. These hours must be completed in a setting commensurate with your program option: school, community agency, or student affairs practice in higher education.

PLEASE READ ALL INSTRUCTIONS IN YOUR INTERNSHIP EVALUATION PACKET VERY CAREFULLY. COMPLETION OF YOUR PROGRAM REQUIREMENTS DEPEND ON YOUR ABILITY TO FOLLOW DIRECTIONS. TO ASSIST YOU, THE FOLLOWING CHECKLIST MAY BE USED:

- _____ I HAVE JOINED AACD. (JOIN EARLY SO THAT YOU CAN SECURE PROFESSIONAL LIABILITY INSURANCE--PREFERABLY BEFORE YOUR PRACTICUM.)
- _____ I HAVE READ ALL OF THE INSTRUCTIONS IN THE M.A. INTERN'S EVALUATION PACKET.
- _____ I have completed Form A--M.A. internship application (this is to be handed in to Dr. Christensen no later than week one of practicum but preferably earlier).
- _____ I have written a draft of a cover letter and a resume to show the Internship Coordinator. (There is helpful material for writing letters and resumes in the library and in popular bookstores.)
- _____ I have made an appointment to see Dr. Christensen, Internship Coordinator. (Bring draft of cover letter and resume as well as Form A of internship application with you to the interview.)
- _____ After receiving approval from Dr. Christensen, I have sent my cover letter and resume to approved internship sites.
- _____ After hearing from the sites (follow-up phone calls may be necessary), I have arranged for an interview with site personnel. (Many times, the site will call you directly to arrange for an interview.)
- _____ I have received the necessary signatures on Form B of the internship application (practicum instructor's signature and advisor's signature) and have submitted Form B to Dr. Christensen. (No credit will be given for internship hours until this section is completed and given to Dr. Christensen.)
- _____ I understand that I must sign up for two different sections of CGPS 789 (example: Section 1 and Section 2) or, if necessary, sign up for one section each semester. Many internship sites prefer that you do your internship over an academic year on a half-time basis. Others prefer to have you full-time for one semester.
- _____ I have signed and received site supervisor(s) signature(s) on Internship Agreement (Form C) and have submitted that to Dr. Christensen PRIOR to beginning my internship.
- _____ I have given Dr. Christensen the completed Internship schedule page (Form D) from my Intern's Evaluation Packet no later than the first week of my internship.

- _____ I have established with the site supervisor the beginning and ending dates of my internship prior to beginning my internship, and have given the site supervisor a copy of my schedule (Form E).
- _____ I understand that I am responsible to accomplish duties assigned to me at the internship site within the guidelines of the site and the ethics, statutes and laws governing professional practice.
- _____ I understand that I need to keep records (THREE EXAMPLES OF LOG FORMS ARE INCLUDED IN YOUR PACKET) of my activities during internship. (You will not be asked to hand in your daily logs at the end of internship but you will be handing in a summary sheet of your activities.) CAUTION: Keep your logs and/or other sensitive/confidential material in a very safe place.
- _____ I understand that I will meet with site supervisor(s) regularly at times established by the supervisor(s) and me.
- _____ I understand that I am to maintain contact with campus supervisors and/or the internship coordinator at established times. (Contacts with campus coordinator and/or supervisors are accomplished by one or more of the following: sit visits, phone contacts, correspondence, intern's visits to campus, site supervisor's visits to campus, on-campus meetings of supervisors and/or interns.)

AFTER YOU HAVE COMPLETED YOUR INTERNSHIP, HAND IN THE FOLLOWING ITEMS TO THE INTERNSHIP COORDINATOR, DR. CHRISTENSEN.

- _____ I HAVE HANDED IN MY SELF-EVALUATION (Form F).
- _____ I HAVE HANDED IN MY EVALUATION OF THE INTERNSHIP SITE (Form G).
- _____ I HAVE HANDED IN MY SUMMARY SHEET OF INTERNSHIP ACTIVITIES (Form H).
- _____ I HAVE HANDED IN THE SCHOOL COUNSELING INTERNSHIP VERIFICATION FORM (Form I, for K-12 counseling interns).
- _____ I REMINDED MY SITE SUPERVISOR(S) TO HAND IN THEIR FINAL EVALUATION FORM(S) (K-12 SCHOOL INTERNSHIP SUPERVISORS FILL OUT TWO DIFFERENT EVALUATION FORMS AT THE END OF INTERNSHIP).
- _____ IF I AM GRADUATING, I HAVE INFORMED MY SITE SUPERVISOR AS TO THE DATE THAT MY EVALUATION(S) MUST BE RECEIVED BY THE INTERNSHIP COORDINATOR (ONE WEEK PRIOR TO GRADUATION).
- _____ If I have received an incomplete in either or both sections of CGPS 789 (Internship), I have filled out a "change of grade" form with my name and student number, semesters in which I took the internship sections, and section numbers and have handed it in to Dr. Christensen with my final packet of evaluation forms.

M.A. COUNSELING INTERNSHIP APPLICATION--FORM A

SECTION I. This section is to be completed and handed in to the Coordinator of the Counseling Internship Program no later than your first week of CGPS 787 Practicum.

NOTE: See Internship Requirements Section on pages 6 and 7 of the M.A. Intern's Evaluation Packet.

NAME _____
(last) (first) (m.i.)

CAMPUS ADDRESS _____ PHONE # _____

HOME ADDRESS (IF DIFFERENT) _____ PHONE # _____

I PLAN TO BEGIN MY INTERNSHIP IN THE: fall spring summer of _____
(circle one) (year)

MY PROGRAM OPTION IS: SCHOOL COUNSELING _____
STUDENT AFFAIRS PRACTICE IN HIGHER EDUCATION _____
COMMUNITY AGENCY COUNSELING _____

There are established sites at which interns are placed each year. However, we recognize that you may have sites in mind which are not part of those already established. If you have a specific site in mind, please fill out the following information. ****DO NOT CONTACT ANY SITES UNTIL YOU HAVE HAD YOUR INITIAL APPOINTMENT WITH DR. CHRISTENSEN.**

NAME OF AGENCY/SCHOOL/INSTITUTION _____
ADDRESS _____
PHONE # _____

Is it possible for you to live off campus if internship is outside driving distance?

YES _____ NO _____

I am eligible for a teaching certificate at: ELEMENTARY LEVEL _____
SECONDARY LEVEL _____
MIDDLE SCHOOL _____

I wish to be certified as a school counselor at: ELEMENTARY LEVEL _____
SECONDARY LEVEL _____
BOTH _____

I am a member of AACD (American Association for Counseling and Development) and have applied to their carrier for professional liability insurance:

YES _____ NO _____

(Since this process takes time, join now if you haven't)

SECTION 2: When you have completed the previous page, do the following:

- Make an appointment with Dr. Christensen, the Coordinator of the Counseling Internship Program.
- Prepare a rough draft of a cover letter and a professional resume to send to prospective internship sites. Bring this draft with you when you see Dr. Christensen. The library has helpful material on preparing resumes and cover letters.
- Bring your application materials with you when you have your appointment with Dr. Christensen.

NOTE:

It would be helpful if you spoke with your program advisor about your program requirements prior to seeing the Internship Coordinator.

DO NOT WRITE BELOW THIS LINE: FOR COORDINATOR'S USE ONLY.

Referrals for Interview:

1.

DATE:

2.

DATE:

3.

DATE:

Final Placement:

Site Supervisor:

Phone #:

Address of Site:

APPROVAL FORM FOR M.A. INTERNSHIP - FORM B

Note: This form is to be given to Dr. Christensen, Internship Coordinator, prior to beginning your internship. It signifies that you have the necessary prerequisites for internship.

NAME _____
(last) (first) (m.i.)

PHONE # _____ (Where you can always be reached)

MY PROGRAM OPTION IS: _____

1. I have completed core area coursework with at least a "B" average:
YES _____ NO _____
2. I am eligible for and/or have moved to full admission status in the program:
YES _____ NO _____
If your answers to either or both of the above are negative, see your advisor and do not complete the rest of this form.
3. I have spoken to my major advisor re: program requirements, completion of forms (i.e., program of study, change of status, application for graduation).
YES _____ NO _____
4. I have taken or will take my final written comprehensives in both core and specialty areas in the: fall spring summer semester of _____ (year)
(circle one)
5. I have secured professional liability insurance. My policy # is: _____
6. Advisor's signature _____
7. I will have satisfactorily completed Pre-practicum (CGPS 786) and Practicum (CGPS 787) with grades of "B" or better prior to beginning my internship.
8. Practicum instructor's signature _____
9. I have interviewed with the site supervisor(s)/director and/or administrator at my proposed internship site on _____ (month, day, year)
10. I have been offered an internship beginning on _____ and ending on _____ (submit Internship Agreement Form).
11. SITE NAME:
SITE ADDRESS:
CITY, STATE, ZIP CODE:
SITE PHONE #:
12. Your signature _____

INTERNSHIP AGREEMENT FORM C

This agreement is made on (date) _____ by and between (name of field site) _____ and (intern's name) _____, a student intern in the _____ program option of the Counseling Program in the Division of Educational Psychology and Counseling in the School of Education, University of South Dakota. The agreement will be effective for a period from (date) _____ to (date) _____ for (# of hours) _____.

I, the student intern, agree to complete _____ hours at the internship site beginning on (date) _____ and completing my hours on (date) _____. I, the student intern, agree to follow the directions for internship as stated in the Internship packet, participate in the activities assigned to me at the internship site and work within the regulatory framework of the internship site and my professional code of ethics.

I, (field site supervisor's name) _____ the site supervisor (or designee(s)) agree to provide professional, counseling, and related entry-level experiences and supervision for the intern following the directions for internship supervision and the goals of the internship as stated in the Supervisor's Internship Evaluation Packet.

The Counseling Program Area in the Division of Educational Psychology and Counseling, School of Education, University of South Dakota, agrees:

- to provide evaluation packets for the site supervisor(s) and intern.
- to be available for consultation with the site supervisor about the intern.
- to provide for faculty contacts with the internship sites via phone calls/visitations at mutually agreed upon times/mail/fax, etc.
- to support the site's administrative policies, rules, and practices consistent with the ethical standards of the profession.
- to provide the student with the prerequisite practica experiences and other coursework necessary to function as an entry-level professional counselor within the ethical guidelines, statutes and laws pertaining to professional practice.

Signatures of parties involved imply agreement with the foregoing terms. Changes in provisions of this agreement may be made through mutual agreement of the parties involved.

Student Intern _____

Site Supervisor or Administrator _____

Coordinator of Counseling Internship Program _____



CGPS 789: M.A. INTERNSHIP - FORM D

INTERNSHIP SCHEDULE (Campus Coordinator's Copy)

NOTE: This copy is to be given to Dr. Christensen, Coordinator of the Counseling Internship Program prior to the beginning of your internship and no later than the first week of your internship.

Name of Intern: _____

Name of Field Site: _____

Field Site Address: _____

Phone # (field site): _____ Phone # (where you are living) _____

Field Site Supervisor(s): _____

Field Site Supervisor(s)' Position Title(s): _____

I will begin my internship on _____ and complete it on _____
mo, day, year mo, day, year

SCHEDULE

TIME	M	T	W	Th	F	Sa	Su

The Counseling Staff who are assigned internship sections function as your campus supervisors during your internship. Doctoral students often serve as campus supervisors, as well.

INTERNSHIP COORDINATOR: Dr. Christensen, Room 210E, Delzell Education Center
Phone 677-5842.

INTERNSHIP SCHEDULE (Site Supervisor(s)' Copy)

Name of Intern: _____

Intern's Address: _____

Intern's Phone #: _____

Internship starting date: _____ Internship completion date: _____
mo, day, year mo, day, year

TIME	M	T	W	Th	F	Sa	Su
------	---	---	---	----	---	----	----

.....

Other members of the Counseling Program Staff who function as campus supervisors are: Dr. Frank Main, Chair, Dr. Alvin Albertus, Dr. Spencer Davis, Dr. Joan England, Dr. Donald Mattson, and Dr. William Rickord.

Suggested form for your use during
Internship (your choice)

Log Form 1
(School Setting)

University of South Dakota
CGPS 789 INTERNSHIP--Daily Log

COUNSELOR:

NAME OF STUDENT	PRIMARY TYPE OF CONTACT (Circle one)	LENGTH OF CONTACT IN MINUTES (Circle)	COMMENTS
1.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
2.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
3.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
4.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
5.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
6.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
7.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
8.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
9.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
10.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
11.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
12.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
13.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
14.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	

CODE: (Line 1) A--Academic V--Vocational P--Personal PC--Parent Conference IC--Teacher Conference
CS--Counselor/Staff AD--Administrative Conference CC--Case Conference
(Line 2) TI--Test Interpretation G--Group Work CS--Child Study A--Agencies (Consultation)
T/N--Teacher/Nurse CW--Classroom Work

Suggested form for your use
during Internship (your choice)

Log Form 2
(Agency Setting)

University of South Dakota
CGPS 789 - Internship - Daily Log

COUNSELOR:		IMMEDIATE SITE		CAMPUS	
INTERNSHIP SITE:		SUPERVISOR:		SUPERVISOR:	
SUBJECT, CLIENT CODE	DATE: MO/DAY/YR	PRIMARY TYPE OF ACTIVITY (Circle One)	LENGTH OF CONTACT IN MINUTES (Circle)	COMMENTS	
1.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
2.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
3.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
4.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
5.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
6.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
7.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
8.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
9.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
10.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
11.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
12.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
13.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
14.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		
15.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120		

CODE: OBS--Observation
CA--Career Assessment (test)
IC--Individual Counseling
IS--Inservice

SM--Staff Meeting
IA--Individual Assessment (test)
MC--Marriage Counseling
RC--Record Keeping, Correspondence, Report Writing

PT--Play Therapy
PC--Parent Consultation
FC--Family Counseling

GT--Group Therapy
SC--Staff Consultation
CC--Case Conference

13

18

17

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Suggested form for your use
during internship (your choice)

CGPS 789: M.A. Internship
U.S.D.
Program Area: Counseling
Division of Educational Psychology and Counseling

Christensen (83, 84, 88)

Internship Time Log _____

Page _____

Intern _____

Year _____

Semester _____

MONTH	DAY	START	STOP	TOTAL HOURS	INTERN PROJECT (ACTIVITY)	SUPERVISOR'S INITIALS
				TOTAL HOURS		

INTERN'S SELF-EVALUATION--FORM F

(To be completed at the end of the internship (600 clock hours minimum) and submitted with the rest of the evaluation material to Dr. Christensen, Coordinator of the Counseling Internship Program.

Name of Site Supervisor(s) _____

Name of Intern _____

Name of Internship site _____

Address of Site _____ Phone # at Site _____

Please evaluate your own performance relative to the listed competencies. Rate each competency by circling a number from 0-5 after each item. If an item is not applicable to this internship setting, circle NA. The last several items are open-ended and are to be used to add and rate additional competencies specific to this internship setting.

5 = Outstanding
4 = Very satisfactory
3 = Acceptable

2 = Needs some improvement
1 = Needs substantial improvement
0 = Unsatisfactory--no effort expended

NA = Does not apply in this internship setting

INTER/INTRA-PERSONAL COMPETENCIES

- | | | | | | | | | |
|----|--|---|---|---|---|---|---|----|
| 1. | Demonstrated a spirit of cooperation with colleagues/supervisor(s).
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |
| 2. | Demonstrated an ability to use effective interpersonal communication skills with colleagues/supervisors/clients.
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |
| 3. | Accepted suggestions from supervisor(s) and was willing to make changes.
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |
| 4. | Demonstrated an ability to handle stressful situations constructively.
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |
| 5. | Indicated a consistent enthusiasm for the internship position and the profession.
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |

6. Demonstrated awareness and an open-minded attitude about gender, racial, ethnic, religious and age-related issues which may affect professional interaction with clients, supervisors, colleagues and agency constituents. 5 4 3 2 1 0 NA
Comments:

PROFESSIONAL CORE COMPETENCIES

7. Demonstrated the ability to initiate and complete a variety of tasks related to the professional work of the agency. 5 4 3 2 1 0 NA
Comments:
8. Demonstrated the ability to effectively convey information orally as well as in writing. 5 4 3 2 1 0 NA
Comments:
9. Demonstrated the ability to provide a clear rationale for professional interventions using current and acceptable theoretical, empirical and research-based formulations. 5 4 3 2 1 0 NA
Comments:
10. Demonstrated knowledge and acceptance of agency's/institution's policies. 5 4 3 2 1 0 NA
Comments:
11. Worked within the guidelines of professional ethics, statutes and federal laws. 5 4 3 2 1 0 NA
Comments:
12. Consulted with supervisor(s) when faced with an ethical dilemma. 5 4 3 2 1 0 NA
Comments:
13. Demonstrated the ability to utilize and interpret appraisal and diagnostic data about clients (list and describe specifics). 5 4 3 2 1 0 NA
Comments:
14. Demonstrated the ability to utilize career information and career appraisal with clients. 5 4 3 2 1 0 NA
Comments:
15. Demonstrated effective organizational and leadership abilities. 5 4 3 2 1 0 NA
Comments:

- | | | |
|-----|---|----------------|
| 16. | Demonstrated skills in group counseling, family and couples' counseling and consultation (specify and describe).
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 17. | Demonstrated skills in individual counseling (i.e., developing a professional relationship with the client: empathy, rapport, attending skills, utilizing strategies appropriate to the client and the situation, goal definition, etc.).
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 18. | Demonstrated skills in consulting, i.e., working with parents, staff, other agencies, conducting in-service activities, workshops, etc.).
<u>Comments:</u> | 5 4 3 2 1 0 NA |

ADDITIONAL COMPETENCIES APPROPRIATE TO SETTING

- | | | |
|-----|------------|----------------|
| 19. | (Write In) | 5 4 3 2 1 0 NA |
| 20. | (Write In) | 5 4 3 2 1 0 NA |
| 21. | (Write In) | 5 4 3 2 1 0 NA |
| 22. | (Write In) | 5 4 3 2 1 0 NA |

Intern's Signature _____

Supervisor's Signature _____

Date (month, day, year) _____

INCLUDE THIS FORM WITH THE REST OF THE EVALUATION PACKET AND SEND OR BRING IT TO:

DR. O.J. "CHRIS" CHRISTENSEN
ROOM 210E
SCHOOL OF EDUCATION
UNIVERSITY OF SOUTH DAKOTA

INTERN'S EVALUATION OF INTERNSHIP SITE--FORM G

TO BE COMPLETED AND HANDED IN AT THE END OF YOUR INTERNSHIP EXPERIENCE:

Name of Site _____
 Name of Site Supervisor _____
 Title of Site Supervisor _____
 Phone # at Site _____

1. On the basis of your experience at this internship site, would you recommend it as a future internship site?

YES _____ NO _____ MAYBE _____

Comment on your response:

2. On the basis of the work you did at the site and the evidence shown regarding your professional skills, is it likely that the site will want an intern from our program in the future?

YES _____ NO _____ MAYBE _____

Comment on your response:

3. Please rate the quality of site supervision using the following scale:

Very Satisfactory _____ Poor

Comment on your response:

4. On the basis of the competencies you have gained in the program and through previous experience, did the internship assist you in furthering professional growth and expertise?

YES _____ NO _____ MAYBE _____

Comment on your response:

5. On the basis of the competencies needed for you to perform your internship duties in a professional manner, did you feel that the counseling program at USD prepared you to meet the expectations of performance at your internship site?

YES _____ NO _____ MAYBE _____

Explain:

6. I have had _____ (years) of work experience prior to returning to Graduate School.
 Comment on the type of work experience you had:

Place(s) of previous employment:

Type(s) of previous experience:

7. Your Signature _____

CGPS 789: M.A. INTERNSHIP--FORM I
(School Counseling Internship Verification Form)

School Counseling Intern:

When you have completed a school-based, elementary, secondary, or combined elementary and secondary internship, please fill out the following information and submit one copy to Dr. Christensen with the rest of your evaluation packet and one copy of this form to the Certification Officer in the School of Education at USD. If you plan to seek school counseling certification, you will need to apply through this person.

Complete the following: (Please type or print)

Last Name	First Name	M.I.	Maiden name (if part of your legal name)
-----------	------------	------	--

Dates of internship: From _____ through _____
mo, day, year mo, day, year

Type of Internship: (Mark as many as apply, specify number of clock hours in each setting)

☐ Elementary
☐ Secondary
☐ MiddleSchool
☐ JuniorHighSchool
☐ A combination of the above

Briefly describe your experience in the above setting(s):

I have completed a total of _____ clock hours of internship in the settings describe above.
My site supervisor(s) during my internship was(were): _____

Signature of Intern: _____

Signature(s) of Site Supervisor(s): _____

Signature of Internship Coordinator: _____

Signature of your M.A. Program Advisor: _____

After you have completed the above information, submit the form with signatures to Room 114, Delzell Education Center, The University of South Dakota, Vermillion, SD 57069

CGPS 789--INTERNSHIP--(M.A.)

SITE SUPERVISOR'S EVALUATION PACKET
FOR M.A. INTERNSHIP IN COUNSELING

provided by
EDUCATIONAL PSYCHOLOGY AND COUNSELING
in the

SCHOOL OF EDUCATION
UNIVERSITY OF SOUTH DAKOTA

Prepared by:

Dr. O. J. "Chris" Christensen
Coordinator of Counseling
Internship Program.
Fall, 1991

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UNIVERSITY of
SOUTH DAKOTA

414 EAST CLARK STREET ♦ VERMILLION SD 57069-2390

DIVISION OF EDUCATIONAL PSYCHOLOGY AND COUNSELING

SCHOOL OF EDUCATION

(605) 677-5250

FAX (605) 677-5438

Frank Main, Chair

TO: Internship Site Supervisors or Potential Site Supervisors/Administrators

FROM: Dr. O. J. "Chris" Christensen, Coordinator of Counseling Internship Program, Division of Educational Psychology and Counseling in the School of Education, University of South Dakota

SUBJECT: The Master's Level Field-based Counseling Internship Program

The Master's level counseling program at The University of South Dakota is designed to be taken over a minimum of two academic years of full-time work. It may be taken over a longer period of time on a part-time basis or by combining part-time coursework with summer school. There are three program options at the Master's degree level from which students may choose. They are: School Counseling (elementary and/or secondary), Community Agency Counseling, and Student Affairs Practice in Higher Education.

The internship, a field-based experience, is a requirement for all program options. Internship is considered to be a capstone experience for our students. At the master's level, internship occurs at the point where the students have completed major course requirements and are ready for an entry-level field experience in a professional setting.

Prior to going to their field-based internship experiences, students must have successfully completed all Practica, which are closely supervised experiences primarily in a laboratory setting with color video, audio, and one-way direct observation capability. The practica experiences are supervised by staff as well as by doctoral students and the practica groups are small so that individualized attention is maximized. After successful completion of these experiences plus the other required coursework, we feel the student is ready for an internship in a professional setting. We believe that the students and the counseling profession gain much from the student's interaction with other professionals during the internship. Hopefully, the intern will also contribute in meaningful ways to colleagues and clients at the internship site. We realize and appreciate the efforts of site supervisors who volunteer to take an intern "under their wing." It is our hope that internship site personnel will also benefit from interacting with our interns.

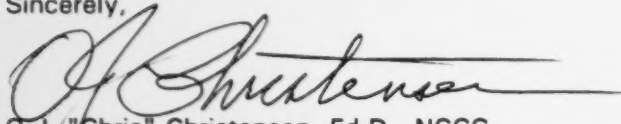
Internship at the M.A. level typically takes place during the final semester of the program. Students are required to complete a minimum of 600 clock hours of internship doing the types of tasks which would be required of an entry-level professional in the setting.

Since internship is considered an entry-level experience, it is accomplished in a field site commensurate with the student's chosen option and projected career setting. The student is asked to prepare a professional resume and cover letter to send to prospective internship sites. The student is asked to interview with the internship site supervisor(s) for the position. These procedures are designed to emulate the "real world" experience of seeking that first career position.

The Internship Evaluation Packet for Site Supervisors contains information regarding goals, evaluation, and requirements of the internship. The Packet is usually sent with the initial cover letter or brought to the initial interview by the student/intern. If you have further questions about our internship program, please contact the Internship Coordinator, Dr. O.J. "Chris" Christensen at (605) 677-5842. The other faculty members in the Counseling Program area are:

Dr. Alvin Albertus (605) 677-5841
Dr. Spencer Davis (605) 677-5845
Dr. Joan T. England (605) 677-5840
Dr. Frank Main (605) 677-5257
Dr. Don Mattson (605) 677-5843
Dr. Bill Rickord (605) 677-5346

Sincerely,



O.J. "Chris" Christensen, Ed.D., NCCC
Professor, Educational Psychology and Counseling
Coordinator, Counseling Internship Program in the Division
of Educational Psychology and Counseling
School of Education
Licensed Psychologist, South Dakota

AIMS AND GOALS OF THE M.A. INTERNSHIP IN COUNSELING:

The aim of the internship program for master's level students is to provide an entry level experience in a setting appropriate for their chosen program option--school counseling (elementary and/or secondary), student affairs practice in higher education, and community agency counseling.

The goals for the internship program for master's level students are as follows:

- to enable the student to gain experience in a field setting commensurate with her/his career goals.
- to enable the student to gain experience with the application process by writing a resume and cover letter for the purpose of applying for the internship.
- to enable the student to gain experience with the application process by interviewing with the site supervisor and other site personnel for the internship position.
- to complete a 600 clock hour internship "which provides an opportunity for the student to perform all the activities that a regularly employed staff member in the setting would be expected to perform." (CACREP Manual, 1988)
- according to CACREP guidelines (1988), the student's internship:
 - includes a minimum of 240 hours of direct service work with clientele appropriate to the program emphasis area.
 - includes a minimum of one (1) hour a week of individual supervision.
 - includes a minimum of one and one-half (1 1/2) hours per week of group supervision.
 - allows the student to become familiar with a variety of professional activities other than direct service work.
 - allows the student to obtain video and/or audio tapes, for use in supervision, of the student's interactions with clientele appropriate to the program emphasis area.
 - allows the student to gain supervised experience in the use of a variety of professional resources such as appraisal instruments, computers, print and non-print media, professional literature, and research.
 - includes formal evaluation of the student's performance during the internship by a program faculty member supervisor.

- is, if possible and appropriate, commensurate with the state (counselor) licensure and/or certification internship requirements applicable in the state in which the program is housed.

- to become aware of accountability procedures through keeping a daily log of activities and participating in self-evaluation activities as well as supervisory evaluation sessions.
- to follow administrative policies, roles, standards, schedules, and practices of the site and to conduct professional activities within the code of ethics of the American Counseling Association (ACA).

**INSTRUCTIONS TO THE SITE SUPERVISOR(S) FOR SUPERVISORY ROLE AND
COMPLETION OF THE EVALUATION PACKET: (M.A. INTERNSHIP)**

Dear Site Supervisor(s):

We have enjoyed having high quality sites and outstanding site supervisors for our students in counseling since the very beginning of the Internship component of our program in 1974. We are fortunate to have site supervisors who will give of their time to mentor new people into the profession--ensuring positive growth for the future. As you know, our M.A. students do not begin their internship until they have successfully completed (grade of B or A) two practica in a closely supervised laboratory setting on campus. Additionally, they must have completed other major area coursework. Perhaps these are reasons for the success of our internship program which has been an integral part of the total counseling program since 1974.

The site supervisor(s) is(are) asked to provide supervision as outlined in the CACREP document for at least one hour per week and afford the intern the opportunity of group supervision for additional time each week (outlined in the previous Aims and Goals section on page 4 of this packet).

The site supervisor(s) is(are) asked to complete the following forms at the timelines indicated (we try to keep paperwork for our supervisors to a minimum):

1. Read and sign the internship agreement (Form C) on page 7 as well as the copy of the agreement the intern has in his/her packet.
2. Complete the Generic Evaluation (Form FS) approximately mid-way through the student's internship (at the completion of 300 clock hours) and submit it to the Coordinator of the Counseling Internship Program).
3. Complete the Generic Evaluation (Form FS2) at the end of the 600-hour internship and submit it to the Coordinator of the Counseling Internship Program. Sometimes, it will be necessary to complete this form in time for a student to graduate in the current semester--generally two weeks prior to the end of the University's semester. The student will inform you of exact dates.
4. Elementary and/or secondary counselor supervisors are also asked to complete (Form SCH) which is a more specific form for interns in the school counseling option. Site supervisors in student affairs or community agency settings will not need to complete a Specialty Evaluation Form.
5. Optional: The student intern may ask you to write a letter of reference for him/her as s/he seeks a career position.

INTERNSHIP AGREEMENT (FORM C)

This agreement is made on (date) _____ by and between (name of field site) _____ and (intern's name) _____, a student intern in the _____ program option of the Counseling Program in the Division of Educational Psychology and Counseling in the School of Education, University of South Dakota. The agreement will be effective for a period from (date) _____ to (date) _____ for (# of hours) _____.

I, the student intern, agree to complete _____ hours at the internship site beginning on (date) _____ and completing my hours on (date) _____.

I, the student intern, agree to follow the directions for internship as stated in the Internship Packet, participate in the activities assigned to me at the internship site and work within the regulatory framework of the internship site and my professional code of ethics.

I, (field site supervisor(s)' name) _____, the site supervisor (or designee(s)) agree to provide professional, counseling and related entry-level experiences and supervision for the intern following the directions for internship supervision and the goals of the internship as stated in the Supervisor's Internship Evaluation Packet.

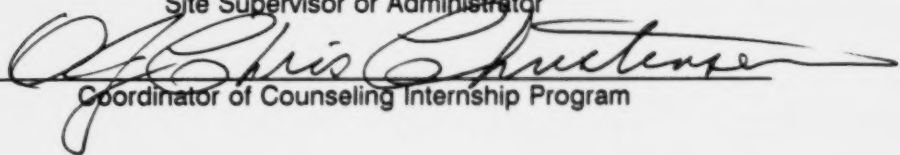
The Counseling Program Area in the Division of Educational Psychology and Counseling, School of Education, University of South Dakota agrees:

- to provide evaluation packets for the site supervisor(s) and intern.
- to be available for consultation with the site supervisor about the intern.
- to provide for faculty contacts with the internship sites via phone calls/visitations at mutually agreed upon times/mail/fax, etc.
- to support the site's administrative policies, rules, and practices consistent with the ethical standards of the profession.
- to provide the student with the prerequisite practical experiences and other coursework necessary to function as an entry-level professional counselor within the ethical guidelines, statutes and laws pertaining to professional practice.

Signatures of parties involved imply agreement with the foregoing terms. Changes in provisions of this agreement may be made through mutual agreement of the parties involved.

Student Intern

Site Supervisor or Administrator


Coordinator of Counseling Internship Program

GENERIC EVALUATION FOR SUPERVISOR(S) (FORM FS)

(To be completed at the mid-point of the internship or at 300 clock hours and submitted to the campus coordinator.)

Name of Site Supervisor(s) _____

Name of Intern _____

Name of Internship site _____

Address of Site _____ Phone # at Site _____

Please evaluate the intern's performance relative to the listed competencies. Rate each competency by circling a number from 0-5 after each item. If an item is not applicable to this internship setting, circle NA. The last several items are open-ended and are to be used to add and rate additional competencies specific to this internship setting.

5 = Outstanding

4 = Very satisfactory

3 = Acceptable

2 = Needs some improvement

1 = Needs substantial improvement

0 = Unsatisfactory--no effort expended

NA = Does not apply in this internship setting

INTER/INTRA-PERSONAL COMPETENCIES

- | | | |
|----|--|----------------|
| 1. | Demonstrated a spirit of cooperation with colleagues/supervisor(s).
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 2. | Demonstrated an ability to use effective interpersonal communication skills with colleagues/supervisors/clients.
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 3. | Accepted suggestions from supervisor(s) and was willing to make changes.
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 4. | Demonstrated an ability to handle stressful situations constructively.
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 5. | Indicated a consistent enthusiasm for the internship position and the profession.
<u>Comments:</u> | 5 4 3 2 1 0 NA |

- | | | |
|----|--|----------------|
| 6. | Demonstrated awareness and an open-minded attitude about gender, racial, ethnic, religious and age-related issues which may affect professional interaction with clients, supervisors, colleagues and agency constituents. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |

PROFESSIONAL CORE COMPETENCIES

- | | | |
|-----|---|----------------|
| 7. | Demonstrated the ability to initiate and complete a variety of tasks related to the professional work of the agency. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |
| 8. | Demonstrated the ability to effectively convey information orally as well as in writing. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |
| 9. | Demonstrated the ability to provide a clear rationale for professional interventions using current and acceptable theoretical, empirical and research-based formulations. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |
| 10. | Demonstrated knowledge and acceptance of agency's/institution's policies. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |
| 11. | Worked within the guidelines of professional ethics, statutes and federal laws. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |
| 12. | Consulted with supervisor(s) when faced with an ethical dilemma. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |
| 13. | Demonstrated the ability to utilize and interpret appraisal and diagnostic data about clients (list and describe specifics). | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |
| 14. | Demonstrated the ability to utilize career information and career appraisal with clients. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |
| 15. | Demonstrated effective organizational and leadership abilities. | 5 4 3 2 1 0 NA |
| | <u>Comments:</u> | |

- | | | |
|-----|---|----------------|
| 16. | Demonstrated skills in group counseling, family and couples' counseling and consultation (specify and describe).
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 17. | Demonstrated skills in individual counseling (i.e., developing a professional relationship with the client: empathy, rapport, attending skills, utilizing strategies appropriate to the client and the situation, goal definition, etc.).
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 18. | Demonstrated skills in consulting, i.e., working with parents, staff, other agencies, conducting in-service activities, workshops, etc.).
<u>Comments:</u> | 5 4 3 2 1 0 NA |

ADDITIONAL COMPETENCIES APPROPRIATE TO SETTING

- | | | |
|-----|------------|----------------|
| 19. | (Write In) | 5 4 3 2 1 0 NA |
| 20. | (Write In) | 5 4 3 2 1 0 NA |
| 21. | (Write In) | 5 4 3 2 1 0 NA |
| 22. | (Write In) | 5 4 3 2 1 0 NA |

Signature of Supervisor _____

Position Title of Supervisor _____

Date (month, day, year) _____

SEND THIS FORM TO: Dr. O.J. "Chris" Christensen
Coordinator of Counseling Internship Program
Division of Educational Psychology and Counseling
School of Education
University of South Dakota
Vermillion, SD 57069
(605) 677-5842

GENERIC EVALUATION FOR SUPERVISOR(S) (FS2)

(To be completed at the end of the internship experience and submitted to the campus coordinator.)

Name of Site Supervisor(s) _____

Name of Intern _____

Name of Internship site _____

Address of Site _____ Phone # at Site _____

Please evaluate the intern's performance relative to the listed competencies. Rate each competency by circling a number from 0-5 after each item. If an item is not applicable to this internship setting, circle NA. The last several items are open-ended and are to be used to add and rate additional competencies specific to this internship setting.

5 = Outstanding
4 = Very satisfactory
3 = Acceptable

2 = Needs some improvement
1 = Needs substantial improvement
0 = Unsatisfactory--no effort expended

NA = Does not apply in this internship setting

INTER/INTRA-PERSONAL COMPETENCIES

- | | | | | | | | | |
|----|--|---|---|---|---|---|---|----|
| 1. | Demonstrated a spirit of cooperation with colleagues/supervisor(s).
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |
| 2. | Demonstrated an ability to use effective interpersonal communication skills with colleagues/supervisors/clients.
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |
| 3. | Accepted suggestions from supervisor(s) and was willing to make changes.
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |
| 4. | Demonstrated an ability to handle stressful situations constructively.
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |
| 5. | Indicated a consistent enthusiasm for the internship position and the profession.
<u>Comments:</u> | 5 | 4 | 3 | 2 | 1 | 0 | NA |

6. Demonstrated awareness and an open-minded attitude about gender, racial, ethnic, religious and age-related issues which may affect professional interaction with clients, supervisors, colleagues and agency constituents. 5 4 3 2 1 0 NA
Comments:

PROFESSIONAL CORE COMPETENCIES

7. Demonstrated the ability to initiate and complete a variety of tasks related to the professional work of the agency. 5 4 3 2 1 0 NA
Comments:
8. Demonstrated the ability to effectively convey information orally as well as in writing. 5 4 3 2 1 0 NA
Comments:
9. Demonstrated the ability to provide a clear rationale for professional interventions using current and acceptable theoretical, empirical and research-based formulations. 5 4 3 2 1 0 NA
Comments:
10. Demonstrated knowledge and acceptance of agency's/institution's policies. 5 4 3 2 1 0 NA
Comments:
11. Worked within the guidelines of professional ethics, statutes and federal laws. 5 4 3 2 1 0 NA
Comments:
12. Consulted with supervisor(s) when faced with an ethical dilemma. 5 4 3 2 1 0 NA
Comments:
13. Demonstrated the ability to utilize and interpret appraisal and diagnostic data about clients (list and describe specifics). 5 4 3 2 1 0 NA
Comments:
14. Demonstrated the ability to utilize career information and career appraisal with clients. 5 4 3 2 1 0 NA
Comments:
15. Demonstrated effective organizational and leadership abilities. 5 4 3 2 1 0 NA
Comments:

- | | | |
|-----|---|----------------|
| 16. | Demonstrated skills in group counseling, family and couples' counseling and consultation (specify and describe).
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 17. | Demonstrated skills in individual counseling (i.e., developing a professional relationship with the client: empathy, rapport, attending skills, utilizing strategies appropriate to the client and the situation, goal definition, etc.).
<u>Comments:</u> | 5 4 3 2 1 0 NA |
| 18. | Demonstrated skills in consulting, i.e., working with parents, staff, other agencies, conducting in-service activities, workshops, etc.).
<u>Comments:</u> | 5 4 3 2 1 0 NA |

ADDITIONAL COMPETENCIES APPROPRIATE TO SETTING

- | | | |
|-----|------------|----------------|
| 19. | (Write In) | 5 4 3 2 1 0 NA |
| 20. | (Write In) | 5 4 3 2 1 0 NA |
| 21. | (Write In) | 5 4 3 2 1 0 NA |
| 22. | (Write In) | 5 4 3 2 1 0 NA |

Signature of Supervisor _____

Position Title of Supervisor _____

Date (month, day, year) _____

SEND THIS FORM TO: Dr. O.J. "Chris" Christensen
Coordinator of Counseling Internship Program
Division of Educational Psychology and Counseling
School of Education
University of South Dakota
Vermillion, SD 57069
(605) 677-5842

COUNSELING INTERN EVALUATION: (FORM SCH)

COUNSELOR PERFORMANCE CRITERIA FOR INTERNS IN K-12 SCHOOL SETTINGS EVALUATION FORM FOR SUPERVISORS:

Please complete the following evaluation form and submit to the Internship Coordinator at the end of the Intern's field experience.

Intern _____ Intern's Address _____
 School _____ School Address _____
 Counselor Supervisor _____ Phone _____
 Administrator/Supervisor _____ Phone _____
 Administrative position _____

RATING SCALE:

6.	Superior (outstanding performance--more like that of a "seasoned" professional who performs consistently well)
5.	Stronger than Average (performed at a level superior to that of the average entry-level counselor)
4.	Average (commensurate with <u>satisfactory entry-level performance</u>)
3.	Below Average (not commensurate with entry-level performance)
2.	Weak (some attempt made; unsuccessful)
1.	Inadequate (no attempt made even when opportunity was there)
NAI:	Not appropriate for the intern to achieve
NAS:	Not applicable in this school setting

NOTE: The items that are appropriate for full-time counseling personnel and not for interns should be marked with NAI or NAS. Mark the NAI for those items you feel are not appropriate for the intern to achieve and NAS if the item describes an activity not applicable in this school setting. If the item is appropriate and applicable for the intern to achieve, circle the number you feel is most descriptive of the intern's achievement.

STUDENTS

1.	Counselor-intern has a systematic plan for student contact that insures his/her availability to all students.....	6	5	4	3	2	1	NAI/NAS
2.	Counselor-intern incorporates student developmental growth into his/her program planning.....	6	5	4	3	2	1	NAI/NAS
3.	Counselor-intern maintains a balance between problem-centered and developmental counseling with students....	6	5	4	3	2	1	NAI/NAS
4.	Counselor-intern uses professional judgment to involve appropriate referral agencies.....	6	5	4	3	2	1	NAI/NAS
5.	Counselor-intern establishes a comfortable rapport with his/her client.....	6	5	4	3	2	1	NAI/NAS
6.	Counselor-intern uses a variety of techniques for increasing student involvement.....	6	5	4	3	2	1	NAI/NAS
7.	Counselor-intern helps students establish realistic goals--career/vocational, social, educational/academic..	6	5	4	3	2	1	NAI/NAS
8.	Additional comments: _____							

STAFF

1.	Counselor-intern has a systematic plan for staff contact that will insure his/her availability to all staff.	6	5	4	3	2	1	NAI/NAS
2.	Counselor-intern has a systematic plan to communicate his/her role to the staff.....	6	5	4	3	2	1	NAI/NAS
3.	Counselor-intern helps staff recognize needs of individual students.....	6	5	4	3	2	1	NAI/NAS
4.	Counselor-intern serves in a consultative fashion aimed at supporting the staff's efforts to understand students.....	6	5	4	3	2	1	NAI/NAS

SCALE: Same as on previous page

Staff (Continued)

- | | | | | | | | | |
|----|---|---|---|---|---|---|---|---------|
| 5. | Counselor-intern is an accepted member of the staff..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 6. | Counselor-intern is sought by staff members as a professional educational consultant..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 7. | Additional comments: _____ | | | | | | | |

HOME

- | | | | | | | | | |
|----|---|---|---|---|---|---|---|---------|
| 1. | Counselor-intern has a systematic plan for parental contact that will insure his/her availability to all parents..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 2. | Counselor-intern communicates his/her role to parents..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 3. | Counselor-intern assists in informing parents and communicating the school program to parents..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 4. | Counselor-intern helps parents to understand the developmental aspects of their children..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 5. | Counselor-intern makes systematic home visits..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 6. | Counselor-intern meets with parents and staff members in order to help facilitate communication..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 7. | Counselor-intern involves parents in crises situations..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 8. | Additional comments: _____ | | | | | | | |

ORGANIZATION:

- | | | | | | | | | |
|----|--|---|---|---|---|---|---|---------|
| 1. | Counselor-intern spends her/his time in the general amounts of 50% with students, 25% with staff and parents, and 25% with miscellaneous activities..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 2. | Counselor-intern maintains a system of professional record keeping..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 3. | Counselor-intern meets professional deadlines..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 4. | Counselor-intern has a systematic plan for follow-up activities..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 5. | Counselor-intern establishes priorities for the utilization of her/his time..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 6. | Additional comments: _____ | | | | | | | |

ADMINISTRATION:

- | | | | | | | | | |
|----|--|---|---|---|---|---|---|---------|
| 1. | Counselor-intern routinely meets with administrators..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 2. | Counselor-intern routinely keeps administrators informed of his/her counseling activities..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 3. | Counselor-intern routinely keeps administrators informed of staff concerns..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 4. | Counselor-intern participates in curriculum development..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 5. | Counselor-intern contributes his/her ideas openly and effectively..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 6. | Additional comments: _____ | | | | | | | |

GROWTH

- | | | | | | | | | |
|----|--|---|---|---|---|---|---|---------|
| 1. | Counselor-intern meets district criteria for counselor professional training..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 2. | Counselor-intern takes advantage of professional growth opportunities (in-service education, continuing education, professional meetings, etc.)..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |
| 3. | Counselor-intern keeps abreast of current developments in his/her field..... | 6 | 5 | 4 | 3 | 2 | 1 | NAI/NAS |

COUNSELOR PERFORMANCE CRITERIA (Page 4)

SCALE: Same as on previous pages

GROWTH (Continued)

4.	counselor-intern participates actively in professional counseling organizations.....	6	5	4	3	2	1	NAI/NAS
5.	Counselor-intern attempts to self-evaluate her/his service to students.....	6	5	4	3	2	1	NAI/NAS
6.	Counselor-intern accepts and grows from feedback.....	6	5	4	3	2	1	NAI/NAS
7.	Additional comments: _____							

SPECIFIC SKILLS

List specific skills you believe the intern accomplished satisfactorily or had the opportunity to accomplish but did not. Examples may include: (Add others you feel are appropriate).

		<u>Not Applicable</u>	<u>Accomplished</u>	<u>Had Opportunity but Did Not Accomplish</u>
1.	The intern presented DUSO to early elementary grades.	_____	_____	_____
2.	The intern conducted a parent conference.	_____	_____	_____
3.	The intern consulted with (a) teacher(s) about (a) student(s).	_____	_____	_____
4.	The intern advised a parent/student about financial aids.	_____	_____	_____
5.	The intern interpreted standardized test results to student/parent/teacher.	_____	_____	_____
6.		_____	_____	_____
7.		_____	_____	_____
8.		_____	_____	_____
9.		_____	_____	_____
10.		_____	_____	_____
11.		_____	_____	_____
12.		_____	_____	_____

MISCELLANEOUS; (i.e., Community involvement, PTA, school committees, extra curriculum school activities, etc.)

Comments: _____

Suggested form for your use during
Internship (your choice)

Log Form 1
(School Setting)

University of South Dakota
CGPS 789 INTERNSHIP--Daily Log

COUNSELOR:

NAME OF STUDENT	PRIMARY TYPE OF CONTACT (Circle one)	LENGTH OF CONTACT IN MINUTES (Circle)	COMMENTS
1.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
2.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
3.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
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CODE: (Line 1) A--Academic V--Vocational P--Personal PC--Parent Conference TC--Teacher Conference
(Line 2) CS--Counselor/Staff AD--Administrative Conference CC--Case Conference
TI--Test Interpretation G--Group Work CS--Child Study A--Agencies (Consultation)
T/N--Teacher/Nurse CW--Classroom Work

Suggested form for your use
during Internship (your choice)

Log Form 2
(Agency Setting)

University of South Dakota
CGPS 789 - Internship - Daily Log

COUNSELOR:

IMMEDIATE SITE

CAMPUS

INTERNSHIP SITE:

SUPERVISOR:

SUPERVISOR:

SUBJECT, CLIENT CODE	DATE: MO/DAY/YR	PRIMARY TYPE OF ACTIVITY (Circle One)	LENGTH OF CONTACT IN MINUTES (Circle)	COMMENTS
1.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
2.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
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15.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	

CODE: OBS--Observation
CA--Career Assessment (test)
IC--Individual Counseling
IS--Inservice

SM--Staff Meeting
IA--Individual Assessment (test)
MC--Marriage Counseling
RC--Record Keeping, Correspondence, Report Writing

PT--Play Therapy
PC--Parent Consultation
FC--Family Counseling

GT--Group Therapy
SC--Staff Consultation
CC--Case Conference

Suggested form for your use
during internship (your choice)

CGPS 789: M.A. Internship
U.S.D.
Program Area: Counseling
Division of Educational Psychology and Counseling

Christensen (83, 84, 88)

Internship Time Log

Page

Intern

Year

Semester

MONTH	DAY	START	STOP	TOTAL HOURS	INTERN PROJECT (ACTIVITY)	SUPERVISOR'S INITIALS
				TOTAL HOURS		

DOCTORAL INTERNSHIP: CGPS 889

INTERN'S EVALUATION PACKET

UNIVERSITY OF SOUTH DAKOTA

Prepared by
Dr. O.J. Chris Christensen
1/92

INTERN'S EVALUATION PACKET
CGPS 889: DOCTORAL INTERNSHIP

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Doctoral Intern's Checklist	3
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AIMS AND GOALS FOR THE DOCTORAL LEVEL INTERNSHIP
IN COUNSELING, EDUCATIONAL PSYCHOLOGY AND COUNSELING DEGREE PROGRAM

- A. To prepare a professional resume or vita appropriate for application to internship sites.
- B. To prepare a cover letter to accompany resume or vita appropriate for application to internship sites.
- C. To complete an internship at a site or sites commensurate with student's professional goals.
- D. To gain experience in field sites where the student is allowed to participate in professional activities under supervision of a site supervisor.

(NOTE: Our doctoral students are expected to have human service experience prior to entry into our doctoral program.)

- E. To increase skill levels in areas appropriate to the student's career goals and level of preparation.
- F. To encourage the student to establish goals for self appropriate to her/his career aspirations and areas of preparation.

DOCTORAL INTERN'S CHECKLIST

_____ I have completed a master's degree in counseling or the equivalent prerequisite courses:

Describe: _____

_____ I have completed a doctoral level Practicum at USD with a grade of "B" or above.

_____ I have prepared a resume/vita and cover letter to send to prospective internship sites and have shown them to my advisor.

_____ I have secured professional liability insurance (ACA or other professional association)

_____ I have successfully passed my preliminary exam and interview and am eligible for full admission status in the doctoral program.

_____ I have made an appointment with Dr. Christensen, Internship Coordinator, to discuss internship application procedures and placement possibilities. (Bring your vita/resume and cover letter).

_____ I have received the Internship Evaluation Packets for myself and prospective site supervisor.

_____ I have completed the internship application/approval (Form 1) included in the packet and have handed it is to Dr. Christensen.

_____ I have applied and interviewed for internship position(s).

_____ I have accepted an internship at _____.

_____ I have written thank you letters to sites which I did not accept.

_____ I have given my internship site supervisor an Evaluation Packet and have gone over the requirements with her/him.

_____ I have gotten all signatures required on the Internship Agreement (Form 2) and have returned the form to Dr. Christensen prior to beginning my internship.

_____ I have given a copy of my schedule (Form 3) to Dr. Christensen prior to beginning my internship or no later than the first week of my internship.

_____ I have given a copy of my schedule (Form 3) to my advisor/campus supervisor and to my site supervisor prior to beginning my internship or no later than the first week of my internship.

- _____ I have reminded my site supervisor to hand in his/her mid-term evaluation (Form 4A) of my work to Dr. Christensen, Internship Coordinator.
- _____ I have reminded by site supervisor to hand in her/his final evaluation (Form 4B) at the completion of my work to Dr. Christensen, Internship Coordinator.
- _____ I have handed in my self-evaluation (Form 4C), site evaluation (Form 5), and summary (Form 6) to Dr. Christensen at the end of my internship.
- _____ I have provided for Dr. Christensen a grade completion form, if necessary (if incompletes have been received for CGPS 889).

DOCTORAL INTERNSHIP APPLICATION/APPROVAL (FORM 1)
CGPS 889

Intern's Name _____

Campus Address _____

Campus Phone _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

I have completed a master's degree and/or equivalent prerequisite coursework in counseling and I have successfully completed my preliminary exam and interview and am eligible for full admission: (Advisor sign below.)

_____ Date _____

(Advisors, please note that paper work for full admission and program of study may be in progress or completed.)

I have completed the doctoral level practicum with a grade of "B" or better: (Practicum instructor's signature below:

_____ Date _____

I have completed an M.A. level internship of _____ clock hours in the following setting:

I have completed M.A. Practica consisting of _____ clock hours at (Name of University or setting) _____

I have discussed my plans for internship with my doctoral program advisor and have prepared my resume/vita and cover letter. (Intern's signature below)

_____ Date _____

I plan to begin my internship (CGPS 889) on _____ and complete it on _____ (fill in dates). I plan to sign up for a total of _____ credits [8 credits (1200 clock hours) minimum requirement at the doctoral level. Each credit is equal to 150 clock hours.]

Applications (vita/cover letter, etc.) sent to: (List)

FOR INTERNSHIP COORDINATOR'S USE ONLY: ACCEPTED INTERNSHIP PLACEMENT AT:



UNIVERSITY of
SOUTH DAKOTA

414 EAST CLARK STREET ♦ VERMILLION, SD 57069-2390

Division of Educational Psychology and Counseling
School of Education
University of South Dakota
(605) 677-5250

TO: Internship Site Supervisors or Potential Internship Site Supervisors/Administrators

FROM: Dr. O. J. Chris Christensen, Coordinator of the Counseling Internship Program,
Division of Educational Psychology and Counseling

SUBJECT: Doctoral Level Field-based Internship in Counseling, Educational Psychology and
Counseling Degree Program

The doctoral level internship at the University of South Dakota is designed to be taken for a minimum of 1200 clock hours beyond the master's level practica and internship requirements (currently, M.A. requirements for practica and internship are 750 clock hours). In addition, the doctoral student is required to complete an on-campus practicum prior to internship. The practicum is a closely supervised experience in our practica facilities in the Division. The internship must be completed in a field-based setting defined as an internship site and supervised by a person holding a doctoral degree in counseling or a closely related specialty. Both our master's and our doctoral programs are designed according to the standards established by the Council on the Accreditation of Counseling and Related Educational Programs (CACREP).

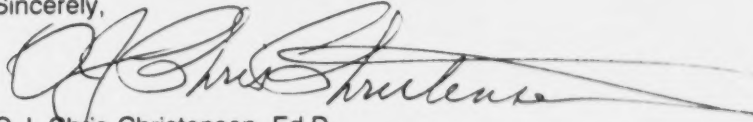
Doctoral students in Counseling, Educational Psychology and Counseling degree program, are required to complete a minimum of 96 credit hours beyond the bachelor's degree. In addition to the internship, academic core requirements and electives at the doctoral level include counseling/psychotherapy/human development, career and human resource development and evaluation, student personnel services in higher education, advanced statistics, research design and dissertation research, seminar in professional issues, learning theories, philosophy, psychopathology, psychopharmacology, case management, diagnosis and intervention, marriage and family counseling, couples' counseling, practicum in family counseling, group counseling practicum, multicultural counseling, testing and evaluation methods (intelligence and personality), college/university teaching methods, supervision methods, and others.

Doctoral students are encouraged to seek an internship in a setting commensurate with their career goals. The student is encouraged to prepare a professional resume and cover letter to send to prospective internship sites and to follow the application procedures established by the internship site. The student is asked to interview with the internship site supervisor(s)/administrator(s). An Evaluation Packet is provided for the site supervisor. This packet contains information regarding evaluation of the intern, agreement forms, and requirements for completion of the internship. If you have further questions about our internship

program, please contact the Internship Coordinator, Dr. O.J. Christensen at (605) 677-5842. Other faculty who serve as campus-based supervisors/advisors for the doctoral students are:

Dr. Frank Main, Division Chair--(605) 677-5257
Dr. Alvin Albertus--(605) 677-5841
Dr. Spencer Davis--(605) 677-5798
Dr. Joan T. England--(605) 677-5840
Dr. Donald Mattson--(605) 677-5843
Dr. Ron Oliver--(605) 677-5845
Dr. William Rickord--(605) 677-5346

Sincerely,



O.J. Chris Christensen, Ed.D.
Professor, Educational Psychology
and Counseling Division
Coordinator of the Counseling
Internship Program
School of Education

INTERNSHIP AGREEMENT (FORM 2)

Intern's Name _____

Internship Program for Doctoral Students in the Division of Educational Psychology and Counseling (CGPS 899)

REQUIREMENTS: The master's level coursework including the practica series is prerequisite to the doctoral program. The doctoral practica is prerequisite to the doctoral level internship. Internship requirements at the doctoral level consist of 8 credits of CGPS 889 (minimum) or 1200 clock hours of internship. Additional clock hours may be required for those students who are preparing to attain licensure/certification/approval (mark one) as _____ under the rules/guidelines/statutes (mark one) of (name of certifying or licensing body) _____

During the internship, the intern (resident, or other appropriate title that the internship site uses) will be supervised by the director of the site or designee. It is understood that this person has the ultimate responsibility for the clientele served by the site (agency) and therefore the intern will meet regularly with him/her on-site for supervisory activity (individual and/or group supervision).

Supervision of the internship will also be provided by faculty in the Division of Educational Psychology and Counseling at the University of South Dakota. Interns have the responsibility of reporting to their doctoral program advisor and/or to designated faculty supervisors for internship supervision. Faculty supervisors of doctoral interns pursuing licensure and/or certification (statutory or professional certification will hold appropriate licenses and/or certification.

During internship, the campus supervisors will require that the intern do specialized study in areas appropriate to the work required at the internship site. This will include, but not be limited to, the study of assessment instruments in use at the site, specialized intervention skills, current research on topics appropriate to the site and other foci deemed appropriate by the intern's site supervisor, advisor and faculty supervisor(s). It is understood that ethical guidelines of the profession and guidelines established by the internship site will be followed. The internship site director and/or faculty supervisor(s) may terminate the internship at any time after conferring with each other and the student. The supervisors (site and faculty) will make the final judgment as to the evaluation of the student's progress during internship (see Internship Evaluation Packet for Supervisors).

Name of Internship Site _____

Address _____

City, State, Zip _____

Phone # _____

Description of duties at the internship site (to be completed by the internship site director or designees or by the intern with the approval of site director. (Use separate sheet, if necessary)

We approve this internship as satisfying the requirements of the doctoral internship program in Educational Psychology and Counseling at the University of South Dakota:

Faculty Supervisor/Advisor at USD Date _____

License _____ Certification _____

Coordinator of the Internship at USD Date _____

License _____ Certification _____

As the director or director's designee at the internship site named above, I understand that the site has full responsibility for the clientele served by the intern and I approve the supervision plan as stated and agree to provide supervision on site as described below:

Internship Site Supervisor/Director/Designee Date _____

License _____ Certification _____

As the intern, I understand the stipulations provided herein and in the intern's evaluation packet and agree to fulfill the requirements as stated. I will be completing _____ (clock hours) at the described site to meet the internship requirements of the program area and the internship requirements for _____ (certification/licensure) as described by _____ (certification agency/statute/professional group). I understand that the program area does not guarantee licensure or certification under statute or rules of agencies outside the University.

As the intern, I understand it is my responsibility to secure professional liability insurance. My policy number is _____. I am insured with _____ (insurance carrier). Effective dates of insurance: from _____ to _____.

Intern's signature Date _____

Home Phone# _____ Address _____

City _____ State _____ Zip _____

The intern will deliver copies of signed agreement to each of the signatories prior to beginning internship.

****SCHEDULE (FORM 3)****
CGPS 889: DOCTORAL INTERNSHIP

NOTE: This form must be given to the Internship Coordinator, Dr. Christensen, a copy to your major advisor who serves as your campus-based supervisor, and a copy to your field-site supervisor.

Name of Intern _____
(Please print) Last, First, M.I.

InternshipSiteName

InternshipSiteAddress

City _____ State _____ Zip _____

Internship Site Phone(s) _____ Phone where you are living _____

Field-Site Supervisor's Name _____

Field-Site Supervisor's Position Title

Beginning Date of Internship _____ Ending Date _____
(Month/Day/Year) (Month/Day/Year)

TIME _____ M T W TH F S SU

CGPS Faculty:

Dr. O.J. Chris Christensen, Coordinator, Internship Program 677-5842

Dr. Frank Main, Chair, Ed. Psych. and Counseling Division 677-5257

Dr. Al Albertus 677-5840

Dr. Spencer Davis 677-5798

Dr. Joan England, Program Coordinator, Counseling 677-5840

Dr. Don Mattson 677-5843

Dr. Ron Oliver 677-5845

Dr. William Rickord ✓ 677-5346

DOCTORAL INTERNS, PLEASE NOTE:

Dr. Christensen is the Coordinator in internship placement and is the keeper of the internship application, agreement, evaluations, and other paperwork. Your advisor is your campus supervisor and you must maintain contact with him/her throughout your internship.

DOCTORAL INTERNSHIP EVALUATION (FORM 4C)
FINAL EVALUATION
INTERN'S SELF-EVALUATION FORM

DIRECTIONS TO INTERN: Please fill out this final evaluation, rating your performance (relative to the listed competencies using the following scale: (Circle the number and comment if you wish.) Feel free to add items appropriate to your site.

- 5 -- OUTSTANDING PROFESSIONAL SKILL (assumes professional responsibility in this skill area; optimal level of expertise)
- 4 -- VERY SATISFACTORY PROFESSIONAL SKILLS (need minimal direction; progressing quickly; take responsibility for professional improvement)
- 3 -- ACCEPTABLE LEVEL OF PROFESSIONAL SKILL (need direction; benefit from direction/ showing progress)
- 2 -- NEEDS SUBSTANTIAL IMPROVEMENT IN SKILL AREA (need to have extra preparation to gain skill in this area)
- 1 -- UNSATISFACTORY (progress not evident; skills not evident; do not benefit from direction, nor take responsibility for professional improvement in this skill area)
- NA -- NOT APPLICABLE IN THIS SETTING (this skill area is not applicable for this internship setting)

COMPETENCIES/SKILLS

Area: Counseling Intervention/Case Management

1. Demonstrates the ability to establish a working relationship with clients with diverse backgrounds/lifestyles/cultures. 5 4 3 2 1 NA

Comments:

2. Demonstrates knowledge of ethical standards for professional practice. 5 4 3 2 1 NA

Comments:

3. Demonstrates ability to utilize appropriate counseling interventions. 5 4 3 2 1 NA

Comments:

4. Demonstrates the ability to identify client problems, concerns, and clinical manifestations. 5 4 3 2 1 NA

Comments:

5. Demonstrates the ability to monitor the progress of the client. 5 4 3 2 1 NA

Comments:

6. Demonstrates the ability to utilize the interpret diagnostic/assessment data. 5 4 3 2 1 NA

Comments:

7. Demonstrates the ability to utilize appropriate referral resources in the best interests of the client. 5 4 3 2 1 NA

Comments:

8. Demonstrates flexibility in the choice on intervention strategies based on client needs. 5 4 3 2 1 NA

Comments:

9. Demonstrates ability to conduct counseling sessions appropriate clients/setting. 5 4 3 1 NA

Comments:

10. Demonstrates the ability to conduct family and/or couples' counseling using appropriate theoretical and ethical approaches. 5 4 3 2 1 NA

Comments:

11. Demonstrates the ability to ethically articulate details of cases for the purpose of consulting with other professionals in the best interests of the client. 5 4 3 2 1 NA

Comments:

12. Demonstrates skills in the area of career development; career appraisal; and the utilization of career information with clients. 5 4 3 2 1 NA

Comments:

13. Other skills (specify) 5 4 3 2 1 NA

14. Other skills (specify) 5 4 3 2 1 NA

Area: Professional/Interpersonal Competencies:

15. Organizes time effectively. 5 4 3 2 1 NA

Comments:

16. Consults with supervisor(s) when faced with an ethical dilemma. 5 4 3 2 1 NA

Comments:

17. Demonstrates efficient organizational and/or administrative abilities. 5 4 3 2 1 NA

Comments:

18. Demonstrates skills in the area of consulting (e.g., working with parents, colleagues, other agencies, conducting workshops, etc.). 5 4 3 2 1 NA

Comments:

19. Demonstrates the ability to initiate and complete a variety of tasks appropriate to the setting. 5 4 3 2 1 NA

Comments:

20. Demonstrates the ability to handle stressful situations constructively. 5 4 3 2 1 NA

Comments:

21. Demonstrates consistent enthusiasm for his/her position/profession. 5 4 3 2 1 NA

Comments:

22. Accepts suggestions from supervisor(s) and is willing to make changes. 5 4 3 2 1 NA

Comments:

23. Demonstrates the ability to use effective communication skills with colleagues, staff, and supervisor(s). 5 4 3 2 1 NA

Comments:

24. Demonstrates a conscious and conscientious awareness and appreciation of diversity related to race, ethnicity, gender roles, lifestyle, religious beliefs, age, handicapping conditions, etc.--translating that awareness into congruent behavior and interaction with staff, supervisors, and clients. 5 4 3 2 1 NA

Comments:

25. Other competencies (specify) 5 4 3 2 1 NA

26. Other competencies (specify) 5 4 3 2 1 NA

Area: Teaching and Supervision: (Applicable in those settings where teaching and supervision are all or part of the internship)

27. Demonstrates the ability to plan sequential tasks appropriate to learning objectives. 5 4 3 2 1 NA

Comments:

28. Demonstrates a consistent enthusiasm for the profession with supervisees/students. 5 4 3 2 1 NA

Comments:

29. Demonstrates knowledge of current methods of supervision. 5 4 3 2 1 NA

Comments:

30. Utilizes methods of supervision/teaching appropriate to the situation. 5 4 3 2 1 NA

Comments:

31. Demonstrates the ability to use conflict resolution methods with supervisees/students when that is appropriate. 5 4 3 2 1 NA

Comments:

32. Demonstrates the ability to establish facilitative conditions for the student/supervisee characterized by trust, respect, empathy, an egalitarian attitude, genuineness, appropriate use of humor, and willingness to model professionally ethical behavior. 5 4 3 2 1 NA

Comments:

33. Demonstrates the ability to evaluate students/supervisees objectively and fairly. 5 4 3 2 1 NA

Comments:

34. Other competency (specify) 5 4 3 2 1 NA

35. Other competency (specify) 5 4 3 2 1 NA

Supervisor's Signature _____ Title _____

Internship Site _____

Date _____ Office Phone _____

Name of Intern _____

Submit to: Dr. O. J. Chris Christensen, Internship Coordinator
Division of Educational Psychology and Counseling
Delzell Education Center -- USD
414 E. Clark St.
Vermillion, SD 57069

CGPS 889: DOCTORAL INTERNSHIP (FORM 5)
INTERN'S RATING OF INTERNSHIP SITE

Name of Site _____ Site Supervisor _____

Address of Site _____

Phone # _____ Dates of Internship _____ to _____
(Month/Day/Year) (Month/Day/Year)

1. On the basis of your experience at this internship site and the supervision you had, would you recommend it as a future internship site?

Yes No Maybe

Comment on your response:

2. On the basis of the work you did at the site and the skills you showed on the job, is it likely that the site will want an interns from our program in the future?

Yes No Maybe

Comment on your response:

3. On the basis of the competencies needed for you to perform your internship duties in a professional manner, did you feel that the doctoral program in counseling at USD prepared you to meet the expectations of the internship site/supervisor(s)?

Yes No Maybe

Comment on your response:

4. On the basis of the competencies needed for you to perform your internship duties in a professional manner, did you feel that previous work experience in the human services area prepared you to meet the expectations of performance of the internship site/supervisor(s)?

Yes No Maybe

Comment on your response:

5. I have had _____ years/months of work experience in human services prior to returning to graduate school for the doctoral program in Educational Psychology and Counseling. Comment on the type of experience you had prior to returning to work on your doctoral degree in Educational Psychology and Counseling:

Previous Place(s) of Employment _____

Type of Experience _____

_____ Date _____

Intern's Signature

CGPS 889 - DOCTORAL INTERNSHIP (FORM 6)
SUMMARY SHEET OF INTERNSHIP ACTIVITIES

****PLEASE PRINT OR TYPE****

Since this remains in your student internship file, fill out as completely and descriptively as possible. Use additional sheets, if necessary.

Intern			
	last name	first name	m.i.

Intern's USD Identification # _____

Intern's Home Address _____

Internship Site _____

Site	Address
------	---------

Site Phone # _____

Site Supervisor(s) Complete Name(s) and Title(s):

Doctoral Program Advisor _____

Campus Supervisor (If other than your advisor): _____

Dates of Internship: Beginning

Month Day Year

Ending _____

Month _____ Day _____ Year _____

I registered (will register) for CGPS 889 as follows:

[illegible]

Semester	Year	# of Credits
----------	------	--------------

Semester	Year	# of Credits
----------	------	--------------

PLEASE NOTE: Provide Internship Coordinator with a "Completion of Grade Form" if you have taken incompletes in CGPS 889.

SUMMARY OF TYPES OF ACTIVITIES: (Use extra pages as needed)

Brief description of activity (e.g., family/couples/individual/group counseling, consultation/case conferences, diagnostic assessment, workshops, inservice activity, teaching, supervision, etc.)

Activity	Total Hrs. Spent in Each Activity
----------	-----------------------------------

Date _____

Intern's Signature _____ Date _____

Intern's Signature _____

Internship Log
Division of Educational Psychology and Counseling
University of South Dakota

Suggested form for your use
during internship (your choice)

Christensen (83, 84, 88)

Internship Time Log _____

Page _____

Intern _____

Year _____

Semester _____

MONTH	DAY	START	STOP	TOTAL HOURS	INTERN PROJECT (ACTIVITY)	SUPERVISOR'S INITIALS
				TOTAL HOURS		

Internship Log
Division of Educational Psychology and Counseling
University of South Dakota

Suggested form for your use during
Internship (your choice)

Log Form 1
(School Setting)

COUNSELOR:

NAME OF STUDENT	PRIMARY TYPE OF CONTACT (Circle one)	LENGTH OF CONTACT IN MINUTES (Circle)	COMMENTS
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T/N--Teacher/Nurse CW--Classroom Work

Internship Log
Division of Educational Psychology and Counseling
University of South Dakota

Suggested form for your use
during Internship (your choice)

Log Form 2
(Agency Setting)

COUNSELOR:		IMMEDIATE SITE		CAMPUS	
INTERNSHIP SITE:		SUPERVISOR:		SUPERVISOR:	

SUBJECT, CLIENT CODE	DATE: MO/DAY/YR	PRIMARY TYPE OF ACTIVITY (Circle One)	LENGTH OF CONTACT IN MINUTES (Circle)	COMMENTS
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2.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
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4.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
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14.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
15.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	

CODE: OBS--Observation CA--Career Assessment (test) IC--Individual Counseling IS--Inservice	SM--Staff Meeting IA--Individual Assessment (test) MC--Marriage Counseling RC--Record Keeping, Correspondence, Report Writing	PT--Play Therapy PC--Parent Consultation FC--Family Counseling	GT--Group Therapy SC--Staff Consultation CC--Case Conference
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DOCTORAL INTERNSHIP: CGPS 889

UNIVERSITY OF SOUTH DAKOTA

SUPERVISOR'S EVALUATION PACKET

Prepared by:
Dr. O. J. Chris Christensen
Internship Coordinator
1/92

SUPERVISOR'S EVALUATION PACKET

CGPS 889: DOCTORAL INTERNSHIP

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UNIVERSITY of
SOUTH DAKOTA

414 EAST CLARK STREET ♦ VERMILLION, SD 57069-2390

Division of Educational Psychology and Counseling
School of Education
University of South Dakota
(605) 677-5842

TO: Internship Site Supervisors or Potential Internship Site Supervisors/Administrators

FROM: Dr. O.J. Chris Christensen, Coordinator of the Counseling Internship Program,
Division of Educational Psychology and Counseling

SUBJECT: Doctoral Level Field-based Internship in Counseling: Educational Psychology and
Counseling Degree Program

The doctoral level internship at the University of South Dakota is designed to be taken for a minimum of 1200 clock hours beyond the master's level practica and internship requirements (currently, M.A. requirements for practica and internship are 750 clock hours). In addition, the doctoral student is required to complete an on-campus practicum prior to internship. The practicum is a closely supervised experience in our practica facilities in the Division. The internship must be completed in a field-based setting defined as an internship site and supervised by a person holding a doctoral degree in counseling or a closely related specialty. Both our master's and our doctoral programs are designed according to the standards established by the Council on the Accreditation of Counseling and related Educational Programs (CACREP).

Doctoral students in Counseling, Educational Psychology and Counseling degree program, are required to complete a minimum of 96 credit hours beyond the bachelor's degree. In addition to the master's level prerequisite courses and the doctoral practica and internship, academic core requirements and electives at the doctoral level include counseling/psychotherapy/human development; career and human resource development and evaluation; student personnel services in higher education; advanced statistics; research design and dissertation research; seminar in professional issues; learning theories; philosophy; psychopathology; psychopharmacology; case management, diagnosis and intervention; marriage and family counseling, couples' counseling; practicum in family counseling; group counseling practicum; multicultural counseling; testing and evaluation methods (intelligence and personality); college/university teaching methods; supervision methods; and others.

Doctoral students are encouraged to seek an internship in a setting commensurate with their career goals. The student is encouraged to prepare a professional resume and cover letter to send to prospective internship sites and to follow the application procedures established by the internship site. The student is asked to interview with the internship site supervisor(s)/ administrators(s). An Evaluation Packet is provided for the site supervisor. This packet contains

administrators(s). An Evaluation Packet is provided for the site supervisor. This packet contains information regarding evaluation of the intern, agreement forms, and requirements for completion of the internship. If you have further questions about our internship program, please contact the Internship Coordinator, Dr. O.J. Chris Christensen at (605) 677-5842. Other faculty who serve as campus-based supervisors/advisors for the doctoral students are:

Dr. Frank Main, Division Chair -- (605) 677-5257

Dr. Alvin Albertus -- (605) 677-5841

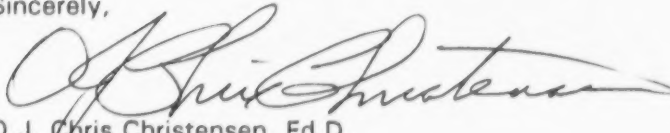
Dr. Spencer Davis -- (605) 677-5845

Dr. Joan T. England -- (605) 677-5840

Dr. Donald Mattson -- (605) 677-5843

Dr. William Rickord -- (605) 677-5346

Sincerely,



O.J. Chris Christensen, Ed.D.

Professor, Educational Psychology and
Counseling division

Coordinator of the Counseling Internship Program
Educational Psychology and Counseling
School of Education
University of South Dakota

**Aims and Goals for the Doctoral Level Internship in Counseling,
Educational Psychology and Counseling Degree Program**

- A. To prepare a professional resume or vita appropriate for application to internship sites.
- B. To prepare a cover letter to accompany resume or vita appropriate for application to internship sites.
- C. To complete an internship at a site or sites commensurate with student's professional goals.
- D. To gain experience in field-sites where the student is allowed to participate in professional activities under supervision of a site supervisor.

(**NOTE:** Our doctoral students are expected to have human service experience prior to entry into our doctoral program.)

- E. To increase skill levels in areas appropriate to the student's career goals and level of preparation.
- F. To encourage the student to establish goals for self appropriate to her/his career aspirations and areas of preparation.

INTERNSHIP AGREEMENT (FORM 2)

Intern's Name _____

INTERNSHIP PROGRAM FOR DOCTORAL STUDENTS IN THE DIVISION OF EDUCATIONAL PSYCHOLOGY AND COUNSELING (CGPS 889)

REQUIREMENTS:

The master's level coursework, including the practica series, is prerequisite to the doctoral program. The doctoral practicum is prerequisite to the doctoral level internship. Internship requirements at the doctoral level consist of eight credits of CGPS 889 (minimum) or 1200 clock hours of internship. Additional clock hours may be required for those students who are preparing to attain licensure/certification/approval (mark one) as _____

_____ under the rules/guidelines/statutes (mark one) _____

(Name of certifying or licensing body above).

During the internship, the intern (resident, or other appropriate title that the internship site uses) will be supervised by the Director of the site or designee. It is understood that this person has the ultimate responsibility for the clientele served by the site (agency) and therefore the intern will meet regularly with him/her on site for supervisory activity (individual and/or group supervision).

Supervision of the internship will also be provided by faculty in the Division of Educational Psychology and Counseling at the University of South Dakota. Interns have the responsibility of reporting to their doctoral program advisor and/or to designated faculty supervisors for internship supervision. Faculty supervisors of doctoral interns pursuing licensure and/or certification (statutory or professional certification) will hold appropriate licenses and/or certification.

During internship, the campus supervisors will require that the intern do specialized study in areas appropriate to the work required at the internship site. This will include, but not be limited to, the study of assessment instruments in use at the site, specialized intervention skills, current research on topics appropriate to the site and other foci deemed appropriate by the intern's site supervisor, advisor, and faculty supervisor(s). It is understood that ethical guidelines of the profession and guidelines established by the internship site will be followed. the internship site director and/or faculty supervisor(s) may terminate the internship at any time after conferring with each other and the student. The supervisors (site and faculty) will make the final judgment as to the evaluation of the student's progress during internship (see Internship Evaluation Packet for Supervisors).

Name of Internship Site _____

Address _____

City, State, Zip _____

Phone Number _____

Description of duties at the internship site (to be completed by the internship site director or designee or by the intern with approval of site director. Use separate sheet if necessary.)

We approve this internship as satisfying the requirements of the doctoral internship program in Educational Psychology and Counseling at the University of South Dakota.

Date _____
Faculty Supervisor/Advisor at USD - Sign Above

License: _____ Certification: _____


Date _____
Coordinator of the Internship at USD - Sign Above

License: _____ Certification: _____

As the Director or Director's Designee at the internship site named above, I understand that the site has full responsibility for the clientele served by the intern and I approve the supervision plan as stated and agree to provide supervision on-site as described below:

Date _____
Internship Site Supervisor/Director/Designee - Sign Above

License: _____ Certification: _____

As the intern, I understand the stipulations provided herein and in the intern's Evaluation Packet and agree to fulfill the requirements as stated. I will be completing internship requirements of the program area and the internship requirements for _____
(Certification/Licensure) as described by _____
(Certification agency/statute/professional group). I understand that the program area does not guarantee licensure or certification under statute or rules of agencies outside the University.

As the intern, I understand it is my responsibility to secure professional liability insurance. My policy number is _____. I am insured with _____
(insurance carrier). Effective dates of insurance: From _____ to _____.

Date _____
Intern's Signature

Home Phone# _____ Address _____

City _____ State _____ Zip _____

The intern will deliver copies of signed agreement to each of the signatories prior to beginning internship.

DOCTORAL INTERNSHIP EVALUATION (FORM 4A)
MID-TERM EVALUATION
FIELD-SITE SUPERVISOR'S FORM

Directions to Internship Site Supervisor:

Please fill out this mid-term evaluation approximately half-way through the internship. Evaluate the intern's performance relative to the listed competencies using the following scale: (Circle the number and comment if you wish.) Feel free to add items appropriate to your site.

- 5 -- OUTSTANDING PROFESSIONAL SKILL (assumes professional responsibility in this skill area; optimal level of expertise)
- 4 -- VERY SATISFACTORY PROFESSIONAL SKILL (needs minimal direction; progressing quickly; takes responsibility for professional improvement)
- 3 -- ACCEPTABLE LEVEL OF PROFESSIONAL SKILL (needs direction; benefits from direction; shows progress)
- 2 -- NEEDS SUBSTANTIAL IMPROVEMENT IN SKILL AREA (needs to have extra preparation to gain skill in this area)
- 1 -- UNSATISFACTORY (progress not evident; skills not evident; does not seem to benefit from direction; nor take responsibility for professional improvement in this skill area)
- NA -- NOT APPLICABLE IN THIS SETTING (this skill area is not applicable for this internship setting)

COMPETENCIES/SKILLS

Area: Counseling Intervention/Case Management

1. Demonstrates the ability to establish a working relationship with clients with diverse backgrounds/lifestyles/cultures. 5 4 3 2 1 NA

Comments:

2. Demonstrates knowledge of ethical standards for professional practice. 5 4 3 2 1 NA

Comments:

3. Demonstrates ability to utilize appropriate counseling interventions. 5 4 3 2 1 NA

Comments:

- | | | |
|----|--|--------------|
| 4. | Demonstrates the ability to identify client problems, concerns, and clinical manifestations. | 5 4 3 2 1 NA |
|----|--|--------------|

Comments:

- | | | |
|----|---|--------------|
| 5. | Demonstrates the ability to monitor the progress of the client. | 5 4 3 2 1 NA |
|----|---|--------------|

Comments:

- | | | |
|----|---|--------------|
| 6. | Demonstrates the ability to utilize and interpret diagnostic/assessment data. | 5 4 3 2 1 NA |
|----|---|--------------|

Comments:

- | | | |
|----|---|--------------|
| 7. | Demonstrates the ability to utilize appropriate referral resources in the best interests of the client. | 5 4 3 2 1 NA |
|----|---|--------------|

Comments:

- | | | |
|----|--|--------------|
| 8. | Demonstrates flexibility in the choice on intervention strategies based on client needs. | 5 4 3 2 1 NA |
|----|--|--------------|

Comments:

- | | | |
|----|--|--------------|
| 9. | Demonstrated ability to conduct group counseling sessions appropriate clients/setting. | 5 4 3 2 1 NA |
|----|--|--------------|

Comments:

- | | | |
|-----|---|--------------|
| 10. | Demonstrates the ability to conduct family and/or couples' counseling using appropriate theoretical and ethical approaches. | 5 4 3 2 1 NA |
|-----|---|--------------|

Comments:

- | | | |
|-----|---|--------------|
| 11. | Demonstrates the ability to ethically articulate details of cases for the purpose of consulting with other professionals in the best interests of the client. | 5 4 3 2 1 NA |
|-----|---|--------------|

Comments:

12. Demonstrates skills in the area of career development; career appraisal; and the utilization of career information with clients. 5 4 3 2 1 NA

Comments:

13. Other skills (specify) 5 4 3 2 1 NA

14. Other skills (specify) 5 4 3 2 1 NA

Area: Professional/Interpersonal Competencies:

15. Organized time effectively. 5 4 3 2 1 NA

Comments:

16. Consults with supervisor(s) when faced with an ethical dilemma. 5 4 3 2 1 NA

Comments:

17. Demonstrates efficient organizational and/or administrative abilities. 5 4 3 2 1 NA

Comments:

18. Demonstrates skills in the area of consulting, (e.g., working with parents, colleagues, other agencies, conducting workshops, etc.). 5 4 3 2 1 NA

Comments:

19. Demonstrates the ability to initiate and complete a variety of tasks appropriate to the setting. 5 4 3 2 1 NA

Comments:

20. Demonstrates the ability to handle stressful situations constructively. 5 4 3 2 1 NA

Comments:

21. Demonstrates consistent enthusiasm for his/her position/profession. 5 4 3 2 1 NA

Comments:

22. Accepts suggestions from supervisor(s) and is willing to make changes. 5 4 3 2 1 NA

Comments:

23. Demonstrates the ability to use effective communication skills with colleagues, staff, and supervisor(s). 5 4 3 2 1 NA

Comments:

24. Demonstrates a conscious and conscientious awareness and appreciation of diversity related to race, ethnicity, gender roles, life-style, religious beliefs, age, handicapping conditions, etc.-- translating that awareness into congruent behavior and interaction with staff, supervisors, and clients. 5 4 3 2 1 NA

Comments:

25. Other competencies (specify) 5 4 3 2 1 NA

26. Other competencies (specify) 5 4 3 2 1 NA

Area: Teaching and Supervision: (Applicable in those settings where teaching and supervision are all or part of the internship)

27. Demonstrates the ability to plan sequential tasks appropriate to learning objectives. 5 4 3 2 1 NA

Comments:

28. Demonstrates a consistent enthusiasm for the profession with supervisees/students. 5 4 3 2 1 NA

Comments:

29. Demonstrates knowledge of current methods of supervision. 5 4 3 2 1 NA

Comments:

30. Utilizes methods of supervision/teaching appropriate to the situation. 5 4 3 2 1 NA

Comments:

31. Demonstrates the ability to use conflict resolution methods with supervisees/students when that is appropriate. 5 4 3 2 1 NA

Comments:

32. Demonstrates the ability to establish facilitative conditions for the student/supervisee characterized by trust, respect, empathy, an egalitarian attitude, genuineness, appropriate use of humor, and willingness to model professionally ethical behavior. 5 4 3 2 1 NA

Comments:

33. Demonstrates the ability to evaluate students/supervisees objectively and fairly. 5 4 3 2 1 NA

Comments:

34. Other competency (specify) 5 4 3 2 1 NA

35. Other competency (specify) 5 4 3 2 1 NA

Supervisor's Signature _____ Title _____

Internship Site _____

Date _____ Office Phone _____

Name of Intern _____

Submit to: Dr. O. J. Chris Christensen, Internship Coordinator
Division of Educational Psychology and Counseling
Delzell Education Center -- USD
414 E. Clark St.
Vermillion, SD 57069

DOCTORAL INTERNSHIP EVALUATION (FORM 4B)
FINAL EVALUATION
FIELD-SITE SUPERVISOR'S FORM

Directions to Internship Site Supervisor:

Please fill out this final evaluation at the completion of the internship. Evaluate the intern's performance relative to the listed competencies using the following scale: (Circle the number and comment if you wish.) Feel free to add items appropriate to your site.

- 5 -- OUTSTANDING PROFESSIONAL SKILL (assumes professional responsibility in this skill area; optimal level of expertise)
- 4 -- VERY SATISFACTORY PROFESSIONAL SKILL (needs minimal direction; progressing quickly; takes responsibility for professional improvement)
- 3 -- ACCEPTABLE LEVEL OF PROFESSIONAL SKILL (needs direction; benefits from direction; shows progress)
- 2 -- NEEDS SUBSTANTIAL IMPROVEMENT IN SKILL AREA (needs to have extra preparation to gain skill in this area)
- 1 -- UNSATISFACTORY (progress not evident; skills not evident; does not seem to benefit from direction; nor take responsibility for professional improvement in this skill area)
- NA -- NOT APPLICABLE IN THIS SETTING (this skill area is not applicable for this internship setting)

COMPETENCIES/SKILLS

Area: Counseling Intervention/Case Management

- | | | |
|----|---|--------------|
| 1. | Demonstrates the ability to establish a working relationship with clients with diverse backgrounds/lifestyles/cultures. | 5 4 3 2 1 NA |
|----|---|--------------|

Comments:

- | | | |
|----|--|--------------|
| 2. | Demonstrates knowledge of ethical standards for professional practice. | 5 4 3 2 1 NA |
|----|--|--------------|

Comments:

- | | | |
|----|---|--------------|
| 3. | Demonstrates ability to utilize appropriate counseling interventions. | 5 4 3 2 1 NA |
|----|---|--------------|

Comments:

- | | | |
|----|--|--------------|
| 4. | Demonstrates the ability to identify client problems, concerns, and clinical manifestations. | 5 4 3 2 1 NA |
|----|--|--------------|

Comments:

- | | | |
|----|---|--------------|
| 5. | Demonstrates the ability to monitor the progress of the client. | 5 4 3 2 1 NA |
|----|---|--------------|

Comments:

- | | | |
|----|---|--------------|
| 6. | Demonstrates the ability to utilize and interpret diagnostic/assessment data. | 5 4 3 2 1 NA |
|----|---|--------------|

Comments:

- | | | |
|----|---|--------------|
| 7. | Demonstrates the ability to utilize appropriate referral resources in the best interests of the client. | 5 4 3 2 1 NA |
|----|---|--------------|

Comments:

- | | | |
|----|--|--------------|
| 8. | Demonstrates flexibility in the choice on intervention strategies based on client needs. | 5 4 3 2 1 NA |
|----|--|--------------|

Comments:

- | | | |
|----|--|--------------|
| 9. | Demonstrated ability to conduct group counseling sessions appropriate clients/setting. | 5 4 3 2 1 NA |
|----|--|--------------|

Comments:

- | | | |
|-----|---|--------------|
| 10. | Demonstrates the ability to conduct family and/or couples' counseling using appropriate theoretical and ethical approaches. | 5 4 3 2 1 NA |
|-----|---|--------------|

Comments:

- | | | |
|-----|---|--------------|
| 11. | Demonstrates the ability to ethically articulate details of cases for the purpose of consulting with other professionals in the best interests of the client. | 5 4 3 2 1 NA |
|-----|---|--------------|

Comments:

12. Demonstrates skills in the area of career development; career appraisal; and the utilization of career information with clients. 5 4 3 2 1 NA

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Comments:

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35. Other competency (specify) 5 4 3 2 1 NA

Supervisor's Signature _____ Title _____

Internship Site _____

Date _____ Office Phone _____

Name of Intern _____

Submit to: Dr. O. J. Chris Christensen, Internship Coordinator
Division of Educational Psychology and Counseling
Delzell Education Center -- USD
414 E. Clark St.
Vermillion, SD 57069

Suggested form for your use
during internship (your choice)

Internship Time Log

Page _____

Intern _____

Year _____

Semester _____

94

95

Internship Log
Division of Educational Psychology and Counseling
University of South Dakota

Suggested form for your use
during Internship (your choice)

Log form 2
(Agency Setting)

COUNSELOR:

IMMEDIATE SITE

CAMPUS

INTERNSHIP SITE:

SUPERVISOR:

SUPERVISOR:

SUBJECT, CLIENT CODE	DATE: MO/DAY/YR	PRIMARY TYPE OF ACTIVITY (Circle One)	LENGTH OF CONTACT IN MINUTES (Circle)	COMMENTS
1.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
2.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
3.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
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14.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	
15.	/ /	OBS SM PT GT CA IA PC SC IC MC FC CC IS RC	10 15 30 45 60 90 120	

CODE: OBS--Observation
CA--Career Assessment (test)
IC--Individual Counseling
IS--Inservice

SM--Staff Meeting
IA--Individual Assessment (test)
MC--Marriage Counseling
RC--Record Keeping, Correspondence, Report Writing

PT--Play Therapy
PC--Parent Consultation
FC--Family Counseling
CC--Case Conference

GI--Group Therapy

SC--Staff Consultation

CC--Case Conference

Internship Log
Division of Educational Psychology and Counseling
University of South Dakota

Suggested form for your use during
Internship (your choice)

Log Form 1
(School Setting)

COUNSELOR:

NAME OF STUDENT	PRIMARY TYPE OF CONTACT (Circle one)	LENGTH OF CONTACT IN MINUTES (Circle)	COMMENTS
1.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
2.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
3.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
4.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
5.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
6.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
7.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
8.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
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10.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
11.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
12.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
13.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	
14.	A V P PC TC CS AD CC TI G CS A T/N CW	5 10 15 30 45 60 90 120	

CODE: (Line 1) A--Academic V--Vocational P--Personal PC--Parent Conference TC--Teacher Conference
 (Line 2) CS--Counselor/Staff AD--Administrative Conference CC--Case Conference
 TI--Test Interpretation G--Group Work CS--Child Study A--Agencies (Consultation)
 T/N--Teacher/Nurse CW--Classroom Work